

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90032 029 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000004524
 Corporation Name
RED BARON ANTIQUES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 50 ROSWELL ROAD ATLANTA GA 30328	Mailing Address 6450 ROSWELL ROAD ATLANTA GA 30328 US
--	--

3. Date Incorporated or Qualified 09/19/1995	
4. FEI Number 59-2926476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent

BROWN, SUSAN
423 WASHINGTON AVE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

I, Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **6/30/99**

11. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELETE <input type="checkbox"/>	P BROWN, LINDA 6450 ROSWELL RD. ATLANTA GA 30328	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>	V BROWN, SUSAN 6450 ROSWELL RD. ATLANTA GA 30328	1.2 NAME	
DELETE <input type="checkbox"/>	S BROWN, ROBERT 6450 ROSWELL RD. ATLANTA GA 30328	1.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		1.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		2.2 NAME	
DELETE <input type="checkbox"/>		2.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		2.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		3.2 NAME	
DELETE <input type="checkbox"/>		3.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		3.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		4.2 NAME	
DELETE <input type="checkbox"/>		4.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		4.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		5.2 NAME	
DELETE <input type="checkbox"/>		5.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		5.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		6.2 NAME	
DELETE <input type="checkbox"/>		6.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6/30/99** **404-252-3770**

CR2E034 (5/99)